

TACTICAL RESPONSE REPORT/Chicago Police Department

| REASON FOR USE OF FORCE (Check all that apply) | 1. DATE OF INCIDENT | TIME | 2. ADDRESS OF OCCURRENCE | 3. LOCATION CODE | 4. BEAT/OCCUR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 03-NOV-2011 | 22:24:00 | | 304 | 0834 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. POSITION | 6. LAST NAME | 7. FIRST NAME | 8. STAR NO. | 9. SEX | 10. RACE CODE | 11. AGE | 12. HT. | 13. WT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9161 | MC INERNEY | JOSEPH C | 18282 | <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | WHI | | 509 | 176 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14. DATE OF APPT. | 15. EMPLOYEE NO. | 16. UNIT & BEAT OF ASSIGNMENT | 17. DUTY STATUS | 18. MEMBER INJURED? | 19. MEMBER IN UNIFORM? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 008 0852 | <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20. LAST NAME | 21. FIRST NAME | 22. M.I. | 23. SEX | 24. RACE | 25. D.O.B. | 26. HT. | 27. WT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GHANDOR | MOHAMMAD | | <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | API | | 800 | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28. ADDRESS | 29. TELEPHONE NO. | 30. WAS SUBJECT ARMED? | 31. SUBJECT INJURED? | 32. SUBJECT ALLEGED INJURY? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60652 | | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | 34. BY WHOM? | 35. CONDITION | 36. CHARGES PLACED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHRIST | DR OMI | <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized | 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.22, 720 ILCS 550.0/4-B, 720 ILCS 570.0/402-C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37. CB NO. | 38. IR NO. | 39. DNA | 40. DNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">SUBJECT'S ACTION</th> <th style="width: 20%;">PASSIVE RESISTER</th> <th style="width: 20%;">ACTIVE RESISTER</th> <th style="width: 20%;">ASSAILANT:ASSAULT</th> <th style="width: 20%;">ASSAILANT:BATTERY</th> <th style="width: 20%;">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION</td> <td><input type="checkbox"/></td> <td>FLED</td> <td><input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY</td> <td><input type="checkbox"/></td> <td>ATTACK WITH WEAPON</td> <td><input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT)</td> <td><input type="checkbox"/></td> <td>PULLED AWAY</td> <td><input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>ATTACK WITHOUT WEAPON</td> <td><input type="checkbox"/></td> <td>WEAPON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">MEMBER'S RESPONSE</td> <td>MEMBER PRESENCE</td> <td><input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE</td> <td><input type="checkbox"/></td> <td>KNEE STRIKE</td> <td><input type="checkbox"/></td> <td>FIREARM</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td>VERBAL COMMANDS</td> <td><input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING</td> <td><input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td>ESCAPE HOLDS</td> <td><input type="checkbox"/></td> <td>OC CHEMICAL WEAPON</td> <td><input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40)</td> <td><input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40)</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td>WRISTLOCK</td> <td><input type="checkbox"/></td> <td>CANINE</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td>ARMBAR</td> <td><input type="checkbox"/></td> <td>TASER (Probe Discharge)</td> <td><input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td>PRESSURE SENSITIVE AREAS</td> <td><input type="checkbox"/></td> <td>TASER (Contact Stun)</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td>CONTROL INSTRUMENT</td> <td><input type="checkbox"/></td> <td>TASER (Laser Targeted)</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td>OC CHEMICAL WEAPON W/AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>TASER (Spark Discharged)</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | | | | | SUBJECT'S ACTION | PASSIVE RESISTER | ACTIVE RESISTER | ASSAILANT:ASSAULT | ASSAILANT:BATTERY | ASSAILANT:DEADLY FORCE | DID NOT FOLLOW VERBAL DIRECTION | <input type="checkbox"/> | FLED | <input checked="" type="checkbox"/> | IMMINENT THREAT OF BATTERY | <input type="checkbox"/> | ATTACK WITH WEAPON | <input type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM | <input type="checkbox"/> | STIFFENED (DEAD WEIGHT) | <input type="checkbox"/> | PULLED AWAY | <input checked="" type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | ATTACK WITHOUT WEAPON | <input type="checkbox"/> | WEAPON | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | MEMBER'S RESPONSE | | MEMBER PRESENCE | <input checked="" type="checkbox"/> | OPEN HAND STRIKE | <input type="checkbox"/> | KNEE STRIKE | <input type="checkbox"/> | FIREARM | <input type="checkbox"/> | | | VERBAL COMMANDS | <input checked="" type="checkbox"/> | TAKE DOWN / EMERGENCY HANDCUFFING | <input type="checkbox"/> | CLOSED HAND STRIKE/PUNCH | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | ESCAPE HOLDS | <input type="checkbox"/> | OC CHEMICAL WEAPON | <input type="checkbox"/> | IMPACT WEAPON (Describe in Box 40) | <input type="checkbox"/> | IMPACT MUNITION (Describe in Box 40) | <input type="checkbox"/> | | | WRISTLOCK | <input type="checkbox"/> | CANINE | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | ARMBAR | <input type="checkbox"/> | TASER (Probe Discharge) | <input checked="" type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | PRESSURE SENSITIVE AREAS | <input type="checkbox"/> | TASER (Contact Stun) | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | CONTROL INSTRUMENT | <input type="checkbox"/> | TASER (Laser Targeted) | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | OC CHEMICAL WEAPON W/AUTHORIZATION | <input type="checkbox"/> | TASER (Spark Discharged) | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | OTHER _____ | <input type="checkbox"/> |
| SUBJECT'S ACTION | PASSIVE RESISTER | ACTIVE RESISTER | ASSAILANT:ASSAULT | ASSAILANT:BATTERY | ASSAILANT:DEADLY FORCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DID NOT FOLLOW VERBAL DIRECTION | <input type="checkbox"/> | FLED | <input checked="" type="checkbox"/> | IMMINENT THREAT OF BATTERY | <input type="checkbox"/> | ATTACK WITH WEAPON | <input type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STIFFENED (DEAD WEIGHT) | <input type="checkbox"/> | PULLED AWAY | <input checked="" type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | ATTACK WITHOUT WEAPON | <input type="checkbox"/> | WEAPON | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE | <input checked="" type="checkbox"/> | OPEN HAND STRIKE | <input type="checkbox"/> | KNEE STRIKE | <input type="checkbox"/> | FIREARM | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | VERBAL COMMANDS | <input checked="" type="checkbox"/> | TAKE DOWN / EMERGENCY HANDCUFFING | <input type="checkbox"/> | CLOSED HAND STRIKE/PUNCH | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ESCAPE HOLDS | <input type="checkbox"/> | OC CHEMICAL WEAPON | <input type="checkbox"/> | IMPACT WEAPON (Describe in Box 40) | <input type="checkbox"/> | IMPACT MUNITION (Describe in Box 40) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | WRISTLOCK | <input type="checkbox"/> | CANINE | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ARMBAR | <input type="checkbox"/> | TASER (Probe Discharge) | <input checked="" type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | PRESSURE SENSITIVE AREAS | <input type="checkbox"/> | TASER (Contact Stun) | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | CONTROL INSTRUMENT | <input type="checkbox"/> | TASER (Laser Targeted) | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OC CHEMICAL WEAPON W/AUTHORIZATION | <input type="checkbox"/> | TASER (Spark Discharged) | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41. POSITION | STAR NO. | UNIT | 40. ADDITIONAL INFORMATION THE OFFENDER APPEARED TO BE HIGH ON PCP BASED ON HIS ACTIONS AND ERRATIC RANTINGS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41. WEAPON TYPE | 42. INCIDENT OCCURRED | 43. LIGHTING CONDITIONS | 44. WEATHER CONDITIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | CLEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45. WEAPON DART ID NO. | 46. WEAPON SERIAL NO. (Include Letters) | 47. CHICAGO GUN REG. NO. | 48. IL FIREARM OWNER ID. NO. | 53. HANDGUN CERTIFICATE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C310009T7 | X00-570681 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | 55. PROPERTY INVENTORY NO. | 56. TYPE OF AMMUNITION USED | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72. CASE INFO. | NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | 73. REPORTING MEMBER (Print Name) MC INERNEY, JOSEPH C 04-NOV-2011 00:46:09 | STAR/EMPLOYEE NO. 18282 | SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 74. REVIEWING SUPERVISOR (Print Name) GADE JR, LAWRENCE R | STAR NO. 1841 | SIGNATURE | DATE REVIEWED 04-NOV-2011 00:46:57 | TIME 04-NOV-2011 00:46:57 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

WEAPON DISCHARGE INCIDENT

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|-----------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------------------------------------------------------------------|--|
| 41. WEAPON TYPE | | <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | | | | | |
| 49. TASER CART ID NO. C310009T7 | | 50. WEAPON SERIAL NO. (Include Letters) X00-570681 | | 51. CHICAGO GUN REG. NO. | | 52. IL FIREARM OWNER ID. NO. | | 53. HANDGUN CERTIFICATE NO. | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Arrestee being treated/examined at Christ Hospital (Dr. Orni).

78. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer's actions were in compliance with department directives and consistent with training and use of force model.

WATC

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/JRNO: 1049794 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

BALEK, TIMOTHY J

SIGNATURE

DATE COMPLETED

TIME

04-NOV-2011 00:54:47

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

SUPPLEMENTARY REPORT
 CASE REPORT
 OFFICER BATTERY REPRT
 ARREST REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT
 CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT NO.

1

PERIODIC
REVIEW

1049 886
#13